II. Alarming Hæmorrhage after Excision of the Tonsil. By CLINTON WAGNER, M. D., (New York). In a woman, æt. 30, the subject of frequent attacks of inflammation of the left tonsil, excision was effected with Mackenzie's modification of Physick's guillotine. A rush of blood followed the excision, though not greater than is usual in these cases, but the bleeding increasing instead of diminishing, and the application of persulphate of iron and compression failing, after the lapse of nearly an hour from the operation, the tongue was forced by means of the depressor as far as possible upon the floor of the mouth, exposing, in the space between the pillars of the soft palate and apparently springing from the base of the tongue, an artery of considerable size bleeding with such force that the blood was projected over and beyond the depressed tongue to the opposite side of the mouth. It was without much difficulty taken up with an artery forceps and twisted, which effectually checked the hæmorrhage. The artery was either the tonsillar branch of the facial or the largest of the pharyngeal branches of the ascending pharyngeal. This is the only accident in seven hundred and forty cases of the operation at the Metropolitan Throat Hospital.—*N. Y. Med. Jour.*, April 16, 1887.

III. Obstinate Hæmorrhage after Amygdalotomy; Recovery after Ligature of the Common Carotid Artery and Infusion of Salt Solution. By HENRY B. SANDS, M. D. (New York). A man, æt. 24, had had both tonsils excised with an amygdalotome, the operation being followed by insignificant hæmorrhage. A few hours later bleeding began and continued all night in spite of efforts made to control it by pressure with the fingers, large dressing forceps and styptic cotton; the bleeding was confined to the right side. The following morning, the patient being greatly prostrated and still bleeding, Dr. S. Fleet Speir tied the right common carotid artery. At 3 in the afternoon, Dr. Sands being called with a view to transfusion, the patient was extremely weak and could scarcely speak, while his pulse was small and rapid and at times almost imperceptible; blood was slowly oozing from his mouth. On examining his throat, no bleeding point could be detected, but only oozing from the right tonsil, which

ceased after the clots had been scraped away with the finger, perhaps because a better surface was thus afforded for the deposit of coagula. A vein was opened in the arm and a pint of saline solution was introduced in the course of four or five minutes, using Colin's apparatus, with which any entrance of air was prevented; during the operation, the volume and tension of the pulse improved considerably. The patient's subsequent progress was favorable. The patient belonged to a family of bleeders and he had once before bled profusely after the extraction of a tooth; but this could hardly explain the present accident, for in that case there should have been bleeding from both tonsils and also from the wound made during ligature of the carotid; the hemorrhage was probably due to division of a large tonsillary artery.

HEAD AND NECK.

I. Removal of a Large Sarcoma, Causing Hemianopsia From the Occipital Lobe of the Brain. By W. R. BIRDSALL, M.D., (New York), and R. F. WEIR, M.D., (New York). This case occurred in a male Hebrew Pole, affected with cerebral symptoms extending over a period of eighteen months, consisting of left hemianopsia, which could only be accounted for by a destructive lesion in the neighborhood of the gyrus cuneus of the right occipital lobe, and locomotory disturbances, which appeared to be due to the pressure effects of a tumor on structures below the tentorium, and implied a growth of considerable size. Operation having been decided upon a U-shaped flap was raised from the skull, and a one inch trephine applied at one inch above the occipital protuberance and the same distance from the middle line—beyond the limits of both the longitudinal and lateral sinuses—and the bone removed until an oval opening $2^3/_4$ by $2^1/_2$ inches was made, exposing a dura mater of a deeper hue than normal; section of this exposed the tumor, the outlying edges and base of which could not be reached in spite of further removal of the cranium, and it was therefore incised and some of its softened, granular and fatty-looking contents forced out. Its size was now somewhat diminished and the forefinger could be passed between the cranium and tumor, and by its aid the delicate cellular attachments that held the